baczewski based his theory can be criticised. RICHTER has recently investigated the clinical aspect of the matter in Senator's clinic, with results which are unfavorable (*Zeitschrift für klin. Medicin*, Bd. xxvii., H. 3 and 4). The material used was derived from infectious diseases in which leucocytosis usually occurs; in diseases of the blood and cachexias, with increase of leucocytes, and in experimentally produced conditions with either increase or decrease of leucocytes. The uric-acid estimations were made by the Ludwig-Salkowski method. It was soon discovered that one of the conditions which has been asserted as tending to vitiate the results was in reality present, namely, that uric-acid excretion varies so much in health that it is difficult to avoid erroneous conclusions. It was found, for example, that whereas the results in the early part of a particular investigation seemed to bear out Horbaczewski's theory, prolonged observation showed that the excessive excretion was constantly high in that patient, so that the supposed increase during leucocytosis did not exist. In a case of leukæmia the excretion of uric acid was not excessive, though apparently higher than normal, but there was no parallel between excretion and leucocytosis. Injections of spermin caused a fall in the number of leucocytes, and the amount of uric acid also fell in the beginning, although not in the same proportion, but later rose again. Two other attempts gave equally unfavorable results. A case of severe anæmia treated with spermin showed an increase of leucocytes without corresponding increase in the uric acid. Nuclein gave results similar to those obtained by Horbaczewski. A moderate increase of the leucocytes was observed, with marked rise of the uric acid. Richter's conclusion is that Horbaczewski's theory is of very limited application. Two factors are effective at present in preventing us from more accurately studying the question. One is the impossibility of deciding, when a variation in the number of leucocytes occurs, when dissolution of corpuscles begins and how extensive it is; the other is our inability to conclude, from the excreted uric acid, the amount formed in the body.

EXPERIMENTAL ALBUMINURIA.

SEELIG has recently examined the mode of production of albuminuria after compression of the thorax (*Archiv für exper. Pathologie und Pharmakologie*, Bd. xxxiv., Heft 1 and 2). He had formerly supposed that albuminuria was due, in the condition mentioned, to lowering of the blood-pressure, which could be demonstrated in the carotids. This view seemed to be supported by the fact that here, as in ligation of the renal artery, the excretion of albumin took place in the glomeruli. The author's investigations, however, reveal an essential difference in the microscopic appearance of the kidneys in the two conditions. After temporary ligation of the artery there is hyperæmia of the cortex, with excretion of coarse albuminous masses stained with blood-coloring matter. After compression of the thorax there is anæmia of the cortex, with fine and colorless albuminous granules. From this result Seelig believes that the disturbances of the kidneys from compression of the thorax are so slight as to be probably within physiological limits. Further experiments showed that sulphindigotate of sodium was excreted as rapidly as normal during the existence of the albuminuria from compression, but that arterial ligature lasting only fifteen minutes caused slow and imperfect excretion of the indigo-salt, lasting for a day. Compression of the thorax is the only method by which experimental albuminuria can be produced without extensive disturbances of the renal circulation.

THE RETENTION OF WATER IN FEVER.

GLAX furnishes a new contribution to this subject, on which he has written before, based on examinations in fifty-three cases of typhoid fever (*Centralblatt für innere Medicin,* 1895, No. 6). Only those patients whose urine could be collected, and who had not profuse diarrhœa, were used for the investigations. The treatment consisted in cool bathing and galvanization of the neck. The quantity of water ingested was noted, as well as the amount of urine passed. As the result of the observations Glax affirms that retention of water occurs in fever, at least in typhoid. The water thus retained in the tissues is excreted in convalescence, causing polyuria. This sometimes occurs suddenly along with the decline of temperature; usually the urine increases gradually, but sometimes diuresis begins during fever, and can be looked on in such cases as a sign of speedy defervescence. Sometimes diuresis is delayed until a late stage of convalescence. In temporary fall of temperature the amount of urine may increase, and *vice versa.* In case of chill followed by fever the urine is increased for a short time. The cause of diminished excretion during fever Glax thinks is low blood-pressure. Corresponding to the theory, diuresis is not diminished in the beginning, is lowest in the second and third week, and rises again with increase in the force of the heart. If the heart is not weakened by the fever, no fall in the amount of urine is observed. If the ingestion of water is increased, excretion is not correspondingly increased until defervescence, and excretion during the febrile stage is better in proportion as ingestion is limited. Glax combats the "washing-out" treatment of Cantani and Sahli in infectious diseases. He also claims that the idea of reducing temperature by drinking large quantities of cold water is wrong in principle, holding that high temperature is more likely to be lowered by lessening the amount of water. In his own cases of typhoid fever, in which the amount of liquid ingested varied from 1000 to 1400 c.cm., the temperature was relatively low. This was in cases treated during several years, so that Glax does not think the low temperature a peculiarity of the epidemic.

ANGINA AND RHEUMATISM.

BUSS gives a very comprehensive exposition of the relations of angina and rheumatism (*Deutsches Archiv für klin. Med.,* Bd. liv., H. 1) in which the literature of the subject is discussed from several aspects and a large number of valuable personal observations utilized. From both sources it is clearly shown that angina and articular rheumatism often coincide. Explanations of this differ, however, largely because the coincidence of time is not absolute; but one disease appears before, with, or after the other. In many cases there is pain in the joints without swelling. Many French authors look on the angina as the expression of a "rheumatic diathesis." Many English authors, on the contrary, look on the angina as the point of